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CONFIRMATION NO. 5686

<b>SERIAL NUMBER</b> 10/671,329	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 0050.2061-000
<b>APPLICANTS</b> Hugh Herr, Somerville, MA; Joaquin Blaya, Santiago, CHILE; Gill A. Pratt, Lexington, MA; <i>CF</i>				
<b>** CONTINUING DATA *****</b> <i>CF</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>CF</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY**</b> <i>CF</i> <b>** 12/17/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 021005				
<b>TITLE</b> Active Ankle Foot Orthosis				
<b>FILING FEE RECEIVED</b> 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	